

STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS

APPLICATION FOR SUPERVISOR REGISTRATION

(This form may only be used for interns who are currently registered with the Board)

Intern Name (Mr., Mrs., or Ms.) _____

Intern Mailing address _____
Street/PO Box City State Zip

Intern License # _____ **(THERE IS NO FEE FOR REGISTRATION AS A SUPERVISOR)**

SUPERVISOR REGISTRATION

Each supervisor must complete the following affidavit before providing post-graduate supervision in the state of Idaho under the provisions of Title 54, Chapter 34, Idaho Code, for the Intern Applicant identified. A supervisor shall not have been the subject of any disciplinary action for five (5) years immediately prior to providing supervision. If you have not previously registered as a supervisor;

Supervisors for counselor interns must possess documentation of:

1. two (2) years experience as a licensed counselor in Idaho, and;
2. one thousand five hundred (1,500) hours of direct client contact as a counselor, and;
3. fifteen (15) contact hours of education in supervisor training as approved by the Board.

Supervisors for marriage and family therapist interns must document licensure as a marriage and family therapist, clinical professional counselor, psychologist, clinical social worker, or psychiatrist and possess documentation of:

1. five (5) years of experience providing marriage and family therapy, and;
2. two thousand (2,000) hours of direct client contact with couples or families as a marriage and family therapist, and;
3. fifteen (15) contact hours of education in supervisor training as approved by the Board.

SUPERVISOR AFFIDAVIT

I hereby certify under penalty of perjury that I hold a current and unrestricted license in counseling, marriage & family therapy, social work, psychology, or psychiatry and that I have not been the subject of any disciplinary action by any regulatory body within the five (5) years immediately preceding this application. I further certify that I have met the supervisor experience and education requirements outlined in Board law and rule, and that I have read and will comply with the Idaho Board's laws, rules, and adopted code of ethics governing the supervision of Counseling or Marriage & Family Therapy Interns, and that I will not register to provide supervision to more than three (3) counselor interns and six (6) marriage and family therapist interns at any one time. I agree to provide documentation of my supervisory qualifications, as well as documentation of my supervision of interns, to the Idaho Board as they may request.

Supervisor Name (please print) License #

Signature of Supervisor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____